



Owner/Director Mailing Address **Camp Location** Tel 732.308.0405
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ROLLING HILLS DAY CAMP 2018 ENROLLMENT APPLICATION

Camper's Name	M / F	Birthdate	Grade in Sept 2018
Address		Town	Zip
Transportation Address (if different)			
Home Phone	School		Previous Camp
Mother's Name		Father's Name	
Mother's Work Phone		Father's Work Phone	
Mother's Cell Phone		Father's Cell Phone	
Mother's Occupation		Father's Occupation	
Mother's Email		Father's Email	

TUITION SCHEDULE THRU NOVEMBER 22, 2017 Includes Door to Door Transportation

All Grades are Entering Sept 2018	8 Weeks	7 Weeks	6 Weeks	5 Weeks	4 Weeks
	June 25 - Aug 17	1 2 3 4 5 6 7 8 (circle weeks)	1 2 3 4 5 6 7 8 (circle weeks)	1 2 3 4 5 6 7 8 (circle weeks)	☐ Jun 25 - Jul 20 ☐ Jul 23 - Aug 17
Nursery, Pre K & K, 5 Days	☐ 5200	☐ 5050	☐ 4900	☐ 4250	☐ 3600
Nursery, Pre K & K, 4 Days	☐ 4900	☐ 4750	☐ 4600	☐ 4100	☐ 3400
Nursery, Pre K & K, 3 Days	☐ 4600	☐ 4450	☐ 4300	☐ 3850	☐ 3200
1st - 7th grades, 5 Days	☐ 5675	☐ 5525	☐ 5375	☐ 4650	☐ 3925
7th grade Teens - Day trips	☐ 6200	☐ 6050	☐ 5900	☐ 5150	☐ 4375
8th - 10th grades Teens - Day & Overnight Trips	☐ 6450	☐ 6300	☐ 6150	☐ 5375	☐ 4575

☐ I elect to **Pay in Full** by November 22, 2017 and receive a **\$250 discount** (6-8 weeks), **\$175 discount** (5 weeks), or **\$125 discount** (4 weeks).

☐ I agree to **Pay a Deposit of \$500 per child** upon enrollment, a **2nd deposit of \$1500 due 1/18/18** and **pay the balance** by 4/1/18.
If my deposit is paid by credit card, I give permission to automatically charge the same credit card on the due dates listed above.

Please apply the following **Sibling discount**:

- ☐ **\$300 discount** (6-8 weeks), **\$225 discount** (5 weeks), or **\$150 discount** (4 weeks) for 2nd child enrolled.
- ☐ **\$600 discount** (6-8 weeks), **\$450 discount** (5 weeks) or **\$300 discount** (4 weeks) for additional children enrolled.

Please apply the following **Transportation discount**:

- ☐ **\$400 discount** (6-8 weeks), **\$300 discount** (5 weeks), or **\$200 discount** (4 weeks) for utilizing **Parent Transportation Option (PTO)**.
- ☐ **\$350 discount** (6-8 weeks), **\$265 discount** (5 weeks) or **\$175 discount** (4 weeks) for utilizing **Parent Pick Up or Before/After Care**.

We accept Cash, Check, Visa, Mastercard, Discover & American Express. Payments will automatically be charged to your credit card when due.

Credit Card #:	Exp Date:	Sec Code:
Name on Card:	Billing Zip Code:	

Please read and sign the back of this Enrollment Application

Office Use Only:

GR	MYOB	CM	ED	DA
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ADDITIONAL INFORMATION

Tuition includes: Door to Door Transportation, Hot lunch, Towel Service, Camp Backpack and a Rolling Hills T-Shirt (lunch not included every day in Teen programs).

- Camp hours are 9am - 4pm
- There are no make up days for absences or days missed.
- After June 1, 2018 increases in number of weeks attended will be charged at the prevailing rate.
- Camp is closed Wednesday, July 4, 2018
- 4 Week enrollments must be either 6/25 - 7/20 or 7/23 - 8/17 .

GROUPING

Please group my child with (list 3 children): 1st choice _____ 2nd choice _____ 3rd choice _____
Requests to group your child with another camper should be made by parents of both campers. We will do our best to honor all requests.

ACTIVITIES

My child has permission to engage in all programmed camp activities, except as noted on the camper's medical form. Rolling Hills is based on a 5 day per week, 8 week experience. I understand that signing up for other than 5 days per week for 8 weeks, my child will miss certain scheduled activities, shows, special events, and other planned and unplanned programs.

TUITION REFUND POLICY & REDUCTION OF WEEKS

I understand all payments are refundable until April 1, 2018. After April 1, 2018, NO tuition will be refunded for any reduction in weeks attending and no refund for changes in transportation; either of these changes will result in a credit towards Summer 2019. After June 1st, no credits will be issued. There are NO refunds for camp closing, incidental absences, transportation delays, withdrawals or dismissal from camp. No allowance or credit will be issued for missed, cancelled or changed weeks. In the event that your child is absent from camp due to an accident or sickness (as certified by a physician), we will refund as follows: Payment shall be made after the 6th consecutive absence from camp. After the 6th consecutive absence a refund of \$50 per day will be paid to you for each day's consecutive absence immediately following thereafter.

I understand that if I have not paid my child's balance in full by the due date, my child's enrollment is subject to cancellation.

CAMP PERMISSION SLIPS

Permission is hereby granted to Rolling Hills to take my child on local trips outside camp as part of the regular camp program.

IMAGES

Permission is hereby given for Rolling Hills to use digital, photographic, video and audio images and likenesses of camper in promoting camp and other ventures directly related to camp.

EMERGENCY

In the event that you cannot be contacted in an emergency you hereby grant permission for Rolling Hills to bring your child to the emergency room.

Emergency Contact: _____ **Phone:** _____ **Relation to Camper:** _____

MEDICAL RELEASE

I hereby give permission to the Medical personnel selected by the camp director to provide routine healthcare.

DISMISSAL OF CAMPER

The camp reserves the right to dismiss any camper whose condition, conduct, influence, or behavior is deemed unsatisfactory or detrimental to the best interest of the camp, the camper or their fellow campers. In these instances, refunds will be issued at the discretion of the camp.

- I hereby enroll my child with the applicable payment and this application for the number of weeks stated herein. I will adhere to the tuition payment policy and understand the camp refund policy.
- I have read and accept all of the terms and conditions set forth on BOTH SIDES of this Enrollment Application.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

Signature Required